



CITY OF WINSLOW
AUTHORIZATION TO DISCONTINUE UTILITY SERVICE

CUSTOMER NAME: _____

SERVICE ADDRESS: _____

DATE OF DISCONNECT: _____

FORWARDING ADDRESS: _____

CUSTOMER SIGNATURE

DATE

Fax# 928-289-3742

Email: sheila.nylund@ci.winslow.az.us

Address: City of Winslow

119 E. First St.

Winslow, AZ 86047